## MULTIPLE DE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

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|                 |                |                 |              |  |           |             | CLAIMS       | 1        |  |
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| 11              | 1              | <del> </del>    |              |  |           | ·           | l L          | 60       |  |
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| 18              |                |                 |              |  |           |             |              | 68       |  |
| 19              |                |                 |              |  |           |             | <del> </del> | 69       | <del></del>                                      |
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| 27              | <u> </u>       | <del>  </del>   |              |  |           |             |              | 76       |  |
| 28              |                |                 |              | i  |           |             | <u> </u>     | 77       |  |
| 29              |                |                 |              |  |           |             | _            | 78       |  |
| 30              |                |                 |              |  |           |             | 1—           | 79 .     |  |
| 31              |                |                 |              |  |           | <del></del> | ·            | 80       |  |
| 32              |                |                 |              |  |           |             |              | 81<br>82 |  |
| 33              |                |                 |              |  |           |             |              | 83       |  |
| 34              |                |                 |              |  | •         |             |              | 84       |  |
| 35              |                |                 |              |  |           |             |              | 85       |  |
| 36              |                |                 |              |  |           |             |              | 86       | <del></del>                                      |
| 37              |                |                 |              |  |           |             |              | 87       |  |
| 38              |                |                 |              |  |           |             |              | 88       |  |
| 40              |                |                 |              |  |           |             |              | 89       |  |
| 41              |                |                 |              |  |           |             |              | 90       |  |
| 42              | 7              |                 |              |  |           |             |              | 91       |  |
| 43              |                |                 |              |  |           |             |              | 92       |  |
| 44              |                |                 |              |  |           |             |              | 93       |  |
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| 47              |                | <del></del>     | <del></del>  |  |           |             |              | 96       |  |
| 48              |                | <del>,</del> ,  |              |  |           |             |              | 97       |  |
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| TOTAL<br>CLAIMS |                |                 | 15           |  | I         |             | TO           | TAL      |  |
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| 51       |              |           |  |              |  | Ť          |               | DEP                |  |  |
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| 80<br>81 |              |           |  |              | <u> </u>   | L          |               |                    |  |  |
| 82       | ╁            |           | ·  |              |  | 1_         |               | <u> </u>           |  |  |
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| 93       | ╁            |           |  |              |  | _          |               |                    |  |  |
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| 9.7      | 1-           |           |  |              |  | -          |               |                    |  |  |
| 98       | 1            |           |  |              |  | -          |               |                    |  |  |
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| TOTAL IN |              |           | 4  |              | 1  |            | ·             | 苷                  |  |  |
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| CLAIMS   | L            |           |  |              |  |            |               |                    |  |  |

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